

Appendix 5: Summary of guideline-based care, objectives and targets

Care	Objective	Target	Level of evidence
Hypertension	Measure and record at diagnosis and at every visit thereafter.	<ul style="list-style-type: none">• blood pressure less than 130/80• Use of ACE inhibitors or angiotensin receptor blockers for proteinuric chronic kidney disease	Grade C, Grade A (ACE-I); Grade D (angiotensin receptor blocker)
Dyslipidemia	A fasting lipid profile should be measured in adults with stage 1–3 chronic kidney disease, and adults with stage 4 chronic kidney disease if results would influence the decision to initiate or alter lipid-modifying treatment.	<ul style="list-style-type: none">• Initiation and targets for stage 1–3 chronic kidney disease are as per the general population• Stage 4 chronic kidney disease low density lipoprotein-cholesterol < 2.0 mmol/L and total cholesterol: high-density lipoprotein ratio < 4.0	Grade B
Diabetes	Glycemic control should be part of a multifactorial intervention strategy addressing blood pressure control and cardiovascular risk.	<ul style="list-style-type: none">• HgA1C ≤ 7.0% (0.07)	Grade B
Lifestyle management	Record weight & BMI on each visit for comparison.	<ul style="list-style-type: none">• Maintenance of BMI 18.5–24.9 kg/m²; waist circumference < 102 cm for men and < 88 cm for women	Grade C
Smoking	Encourage patient to stop; enquire at every visit.	<ul style="list-style-type: none">• Complete cessation	Grade D
Proteinuria	Screening for proteinuria (spot urine for albumin:creatinine ratio) in all patients who are at high risk of kidney disease	<ul style="list-style-type: none">• Adults with diabetes and persistent albuminuria (albumin to creatinine ratio > 2.0 mg/mmol in males, > 2.8 mg/mmol in females) should receive an ACE inhibitor or an angiotensin receptor blocker to delay progression of chronic kidney disease, even in the absence of hypertension	Grade A
Assessment of conditions associated with chronic kidney disease	Measure mineral metabolism, hematology and nutrition profiles at least yearly, more frequently with advanced kidney disease.	<ul style="list-style-type: none">• Hgb 110 g/L (range 100–120g/L)• Transferrin sat > 20%; ferritin > 100 ng/mL• Calcium and phosphate levels within normal range.	Grade A, Grade D
Preparation for renal replacement therapy	Ensure education about all modality options is available. Preserve veins in patients who may need vascular access creation.	<ul style="list-style-type: none">• Referral to multidisciplinary care if glomerular filtration rate < 30 mL/min or evidence of progression	Grade D
Conservative management and end-of-life care	Ensure access to multidisciplinary care team with tools to deal with end-of-life issues.	<ul style="list-style-type: none">• Dignified and supported dying process accessed by all.	Grade D

ACE = angiotensin converting enzyme.